

THE MISSION, ORGANIZATION, AND  
PROGRAMS OF THE PUBLIC HEALTH SERVICE,  
DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE

Submitted to the Committee on  
INTERSTATE AND FOREIGN COMMERCE,  
HOUSE OF REPRESENTATIVES

March 2, 1967

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE



A handbook on the mission, organization, and programs of the Public Health Service, Department of Health, Education and Welfare, is respectfully submitted to the Committee on Interstate and Foreign Commerce, House of Representatives.

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## Introduction

It is a pleasure and a privilege for us to appear before this Committee to discuss with you the mission, structure and operation of the Public Health Service. This opportunity is particularly welcome because of the leadership and guidance this Committee has provided over the years in re-shaping the Federal contribution to the health of the American people.

This Committee has sensed the rising aspirations for health on the part of the public we serve. It has understood the implications of the great explosion of biomedical knowledge in recent years. And it has been instrumental in designing programs which enable the Federal government to add its great strength to the American health partnership, so that the people's aspirations may be met and health knowledge may be used for the benefit of all.

For this wisdom and foresight the American people are deeply in your debt. We in the Public Health Service owe to this Committee a special measure of gratitude for the encouragement and guidance provided to us in planning and carrying out the major reorganization of the Service. As you will note in the general presentation with which I plan to begin our discussion, our major organizational components are now directly relevant to our primary missions as a Federal health agency. We are deeply appreciative of your assistance in realigning our forces to meet our responsibilities more effectively and efficiently.

With me at the table today are the men primarily responsible for the direction of our newly re-shaped endeavor. I should like to introduce them to you at this time.

Dr. Martin M. Cummings, Director  
National Library of Medicine

Dr. Leonard Fenninger, Director  
Bureau of Health Manpower

Dr. Forrest E. Linder, Director  
National Center for Health Statistics

Dr. Richard A. Brindle, Director  
Bureau of Disease Prevention and Environmental Control

Dr. James A. Shannon, Director  
National Institutes of Health

Dr. Carruth J. Wagner, Director  
Bureau of Health Services

Dr. Stanley F. Yolles, Director  
National Institute of Mental Health

Throughout our discussions I urge you to call upon these men, and upon myself, for whatever information and clarification you may desire. We are here to help in every way we can in contributing to your understanding of the Service.

Now, with your permission, may I begin with a brief presentation of the Public Health Service as it exists today. It is our hope that this will provide a general background of understanding against which your specific interests and questions may be projected.

## THE PUBLIC HEALTH SERVICE TODAY

What are the needs of the American people?  
What is the role of the Public Health Service in  
the general partnership through which health care  
is brought to the needs of the Nation?

The needs can be basically identified, I  
believe as

HEALTH CARE, to keep people well and to  
treat them when they are ill or injured and

HEALTH PROTECTION, to protect individuals and  
communities against disease, injury, and  
environment hazards.

There are two basic resources for meeting  
these needs:

HEALTH KNOWLEDGE, to find and unlock the bio-  
medical secrets of the cause, prevention, and cure  
of illness and

HEALTH MANPOWER, professional workers in health  
and medicine, to provide care, protection, and new  
knowledge.

The health system of the United States involves  
the private physician, hospitals and nursing homes,  
universities -- through medical centers and  
biomedical research laboratories,

voluntary health agencies,

and government agencies, at the Federal, State, and local levels.

The Federal government, over the years, has played a growing role in supporting and augmenting the efforts of all these partners.

The Public Health Service, of the Department of Health, Education, and Welfare, as the principal Federal health agency, is now deeply involved in:

**HEALTH CARE** -- through programs of direct services to those people Congress has declared eligible for care, through studies of new methods of organizing and financing health care, and through support for services provided through public and private organizations.

**HEALTH PROTECTION** -- through programs for the control or eradication of diseases, and for protection against injuries and environmental hazards.

**HEALTH KNOWLEDGE** -- through basic research in the biomedical sciences, looking toward the causes and prevention of disease and through dissemination of new knowledge to the professions and the public, and

**HEALTH MANPOWER** -- through programs of support for building teaching facilities, training health workers, and providing financial support for students of the health professions.

All the programs of the Public Health Service are aimed at better health for the American people along one of those major avenues.

It was not always so, for the Federal role in health began modestly.

The first involvement of the Public Health Service was in **HEALTH CARE** -- for sick and injured seamen, beginning in 1798 in the administration of President John Adams through what was known as the Marine Hospital Service.



Years later, we became concerned with HEALTH PROTECTION, when we were authorized to enforce quarantine laws, and began to cooperate with States and communities in the control of epidemic diseases.

Still later, as the science of medicine advanced, we began our involvement in HEALTH KNOWLEDGE -- with the establishment of this laboratory under the guidance of Dr. Joseph Kinyoun at our Staten Island Hospital. From this small beginning we can trace the development of the National Institutes of Health.

And finally, in the supply of HEALTH MANPOWER, by beginning to furnish skilled people to States during epidemics, and through the training of State and local health workers.

A milestone in public health came with the passage of the Social Security Act of 1935, which systematized assistance to the States through grants-in-aid for disease control programs, training of health workers and, on a limited basis, for health care.

The National Cancer Act of 1936, which established the National Cancer Institute, shown here, is another milestone, which set the pattern for our continuing involvement in the generation of new knowledge.

After World War II Congress began to give increased responsibility to the Service, to help it support the many institutions and organizations working to meet the needs of the Nation in health. More than 50 major new programs were given to the Service:

in HEALTH CARE: for example, through aid in hospital construction, in providing health services for Indians and through such programs as Community Health Services, and the recent Comprehensive Health Planning amendments.

in HEALTH PROTECTION: through measures for the control of air and water pollution, the Vaccination Assistance Act, and in control of solid wastes.

in HEALTH KNOWLEDGE: through the creation of new Institutes and research Divisions at the National Institutes of Health, including the Regional Medical Programs which seek to apply new knowledge in clinical situations.

and in HEALTH MANPOWER: through the Health Professions Educational Assistance Act, the Nurse Training Act, and the recent Allied Health Personnel Training Act, passed in 1966.

In addition, the Public Health Service gained new responsibilities in the field of mental health -- an area in which all these four elements are brought together in a unified attack on one of our major health problems -- through programs to help build and staff Community Mental Health Centers; to train special workers in mental health care; and to conduct research in special mental health problems.

With the help of this Committee, the Service was recently reorganized more effectively to carry out its missions.

As reorganized on January 1, 1967, the major operating Bureaus of the Service are the Bureau of Health Services, the Bureau of Disease Prevention and Environmental Control, the Bureau of Health Manpower, the National Institute of Mental Health, and the National Institutes of Health.

The total staff of the Service, which has doubled since 1944 from 17,000 to 35,000, includes over 350 occupational specialties -- from doctors, nurses, and scientists, to animal keepers, glass-blowers, and artists.

Permanent Public Health Service installations spread from coast to coast. The majority of our employees, in fact, work outside the Washington area in hospitals, clinics, and quarantine stations -- in training and demonstration centers, in environmental laboratories, and in Indian health centers.

American Indians and Alaskan Natives are just one of the special groups that are beneficiaries of health care provided directly by the Service.

Merchant seamen still receive such care in Public Health Service hospitals....

Federal employees are also provided care through arrangements with other Federal agencies....

These are direct services so authorized by the Congress. The Service also works, however, by other means to plan for and develop better ways of providing health services to all Americans.

grants are made for demonstration projects involving the provision of personal health services especially for the chronically ill and aged, and the mentally retarded....

research into new methods of organizing and financing health services is carried out....

grants are made for building hospitals and clinics, such as this 139-bed general hospital....

this 40-bed nursing home....

or this public health center.

Within this area of health care the Public Health Service also has centered its emergency health program, which, with other Federal agencies and the States helps provide aid in large-scale disasters such as floods or hurricanes.

All these functions, related to the mission of HEALTH CARE, are carried out by the Bureau of Health Services. It is organized into 8 Divisions, as shown here, each of which contributes in a special way to our efforts in the provision of health care -- this Bureau employs about 13,000 people, and has a budget of over 500 million....

This is the Bureau which administers the programs of health care that we carry out for the Coast Guard, the Peace Corps and the Bureau of Prisons.

Providing HEALTH CARE is, of course, only one important aspect of the total job. Protecting people against disease, against injury and the hazards of the environment -- is an equally important job for the health professions.

Today, through accepted medical and public health techniques, refined through the years, we can control, prevent, and in some cases, eradicate many of the communicable diseases,

some of the chronic diseases,

many accidental injuries,

and some of the effects of environmental contamination.

Certain programs of the Public Health Service employ their skills and methods in combatting these hazards -- through case-finding, surveillance, epidemic aid, technical assistance, and enforcement -- .

These programs have been grouped together in our Bureau of Disease Prevention and Environmental Control.

For instance, large-scale programs for the control of the communicable diseases, are centered in the Service's National Communicable Disease Center, in Atlanta, Georgia.

This Center evolved from our efforts in war-time control of malaria, and now administers activities that range across the entire spectrum of communicable diseases.

The Center furnishes epidemic aid to the States, at their request, -- to fight outbreaks of measles, influenza, encephalitis, and so on.

It provides technical advice to the States and trains State and local health department workers and personnel from many foreign countries in the latest techniques of communicable disease control.

If the Congress enacts the President's proposal to license clinical laboratories engaged in interstate commerce, the responsibility for this program would be placed in the National Communicable Disease Center.

One of the oldest programs of the Service, the Foreign Quarantine Program, is also a part of the National Communicable Disease Center. With foreign countries only hours away, the danger from importation of disease is ever-present.

Over 30,000 travelers enter the United States every day. Inspections, vaccinations, and other services are administered at over 300 quarantine stations.



1966 was the 19th straight year this country did not experience an outbreak of quarantinable disease known to have been introduced from abroad.

The Service, through the National Communicable Disease Center and other units, working for the Agency for International Development and in cooperation with the World Health Organization, is also helping to stop diseases in foreign countries.

A malaria eradication program in 15 countries is now in operation, and smallpox and measles control programs are going forward in 18 West African countries.

Other centers in the Bureau of Disease Prevention and Environmental Control perform such functions as helping to reduce the hazards of radiation -- by checking X-ray equipment in physicians offices,

or by reporting regularly on the levels of radioactivity in water, air, milk and elsewhere.

Programs in such areas as occupational health, solid waste disposal and food protection,

programs to control disease and health hazards associated with urban living and industrial development are also carried out by the Service through this Bureau

and we are involving ourselves more deeply in such areas as housing and transportation through our relationships with such new agencies as the Department of Housing and Urban Development and the Department of Transportation.

The control of air pollution is also a major Service activity, and one of the most sensitive.

Here is a study of auto exhaust in downtown Detroit....

This is a map of our national air sampling network, spread across the Nation from coast to coast.

The air pollution control program includes, for example, establishing standards for auto exhaust emissions. A strengthened Federal program has come into being at the direction of the Congress to move forward against air pollution - one of our most serious national problems. Safety standards and controls of environmental hazards form a major part of the work of this major Public Health Service unit.

The chronic diseases, such as heart disease, cancer and stroke, limit the activities of millions of Americans.

The Public Health Service, in helping to provide HEALTH PROTECTION constantly seeks new methods of controlling and preventing the chronic diseases....

new means of caring for those now suffering from such diseases....

and new methods of reducing the burden of chronic disease....

through programs of research, training, demonstrations, and education.

The Bureau of Disease Prevention and Environmental Control is organized in terms of a "National Centers" concept, as can be seen here. This Bureau employs about 7900 people and has a budget of \$181 million.

Providing HEALTH CARE or HEALTH PROTECTION or, for that matter, acquiring the necessary HEALTH KNOWLEDGE -- are obviously impossible without sufficient numbers of people working in the health fields. We are at present confronted with grave shortages in every category -- physicians, dentists, nurses, laboratory technicians and so on.

We need more than 50,000 new physicians....

more than 125,000 nurses....

40 to 50,000 more dentists, and large numbers of

lab technicians, therapists, X-ray technologists, and other allied health workers.

In recent years the Congress has given the Service vastly increased responsibility in the area of HEALTH MANPOWER through enactment of the Health Professions Educational Assistance Act, the Nurse Training Act, the Allied Health Professions Personnel Training Act....

and others, which provide funds for building educational facilities,

and for training and education through loans, fellowships and scholarships....

for curriculum improvement, and the development of new educational techniques.

The third of our major Bureaus, the newly created Bureau of Health Manpower, is organized to conduct these programs and provide leadership and support to ensure an adequate national supply of health manpower. The Bureau is organized into Divisions that support programs in each major category of health workers;

the newest of our Bureaus, it employs over 400 persons, and has a budget of about \$300 million.

Of all of our national health problems, mental illness ranks among the highest. It takes a tremendous toll in human suffering in this country every year. Our hospital beds are still more than half filled with persons suffering from some form of mental illness.

Yet in the last decade or so, our concepts of mental health care have changed drastically. Today the emphasis is shifting from institutional care in large hospitals

to community-based care in mental health centers where patients are served in familiar settings -- many of them on an out-patient basis.

Special problems such as alcoholism, drug addiction, suicide, crime and delinquency are also part of the picture.

The Service, through the National Institute of Mental Health, supports investigations into the causes, prevention and cure of mental disease;

supports training for special workers in the field;

and helps in the construction of community mental health centers throughout the country. We will be asking the Congress this year to extend and expand our support of mental health programs.

The clinical aspects of this problem are not neglected, however: biological factors affecting mental development are studied in the laboratory, and the expanding area of psychopharmacology is being thoroughly investigated.

Special problem areas are also given extra- and intramural research attention. The Service operates, for instance, an Addiction Research Center at our facilities in Lexington, Kentucky, pictured here,

and another special clinical research facility at Fort Worth, Texas.

Because of the increasing national mental health problem, we have given separate Bureau status to the National Institute of Mental Health, once a part of the National Institutes of Health.

The National Institute of Mental Health is organized as shown on this chart; it employs about 2145 persons and has a budget of over \$305 million. In the National Institute of Mental Health, the major concerns of HEALTH CARE, HEALTH PROTECTION, HEALTH KNOWLEDGE AND HEALTH MANPOWER are linked in a unified attack on the problem of mental illness.

Research -- the gathering of HEALTH KNOWLEDGE -- is essential to all health progress. It is the continuing preoccupation of many of the elements of the health system of the United States -- our universities and medical schools, many of our voluntary health agencies and some of our States. It has been -- and continues to be -- a major concern of the Federal Government.



Our principal biomedical research arm is the Public Health Service's National Institutes of Health.

New knowledge about the causes and cures of many diseases is acquired in the National Institutes of Health's own laboratories,

and by a much larger group of scientists who are supported by National Institutes of Health grants in universities and research centers in this country and abroad -- over 20,000 research grants and fellowships were awarded this year.

This vast research endeavor has had a revolutionary influence on the practice of medicine and the state of the Nation's health.

Light has been thrown on formerly inaccessible fields.

Procedures once impossible or very risky -- such as open heart surgery

and cobalt therapy for cancer, are now commonplace.

Vaccines are available to help prevent polio and measles....

Improved drugs to lower blood pressure have been developed.

Advanced instrumentation is aiding in the diagnosis of eye and vision abnormalities

mouth lesions and dental caries

and brain damage and neurological disorders.

Important research into human development, and human reproduction and fertility is proceeding rapidly.

Cracking of the genetic code has given us the first clue as to how genetic information is transmitted in reproduction of all living things. The illustrations I have just used merely suggest the variety, scope and depth of present-day medical research.

The National Institutes of Health is composed of 16 elements -- 8 Institutes, as shown here....

and 7 Divisions, including a new Division of Environmental Health Sciences, where we are investigating the long-range effects of environmental contaminants on biological systems.

At the National Institutes of Health, too, is the Service's Clinical Center, a 500-bed facility for laboratory and clinical study -- this is the Surgical Wing of the Center.

The Public Health Service, through the National Institutes of Health, supports nearly 40% of all medical research in the Nation.

The National Institutes of Health has a staff of over 10,000 employees, and a current budget of \$1.1 billion, devoted to the advancement of HEALTH KNOWLEDGE, a basic resource.

Coordinating and setting policy for such a range of programs and facilities is the job of the Office of the Surgeon General.

The Surgeon General, as the head of the Public Health Service, must maintain close working relationships with the Secretary and other officials of the Department and other Federal agencies, many of which also have health components....

he must act in areas such as international health;

and must act as the spokesman for the Federal government in national health affairs, through a continuing information and education program via the communications media.

And, the Surgeon General must act to assess and set priorities and goals for the Service as a whole -- goals which will affect the health of all Americans.

The Office of the Surgeon General, composed of a number of related offices, is his principal staff arm. These offices are illustrative of the wide scope of the Surgeon General's duties. As can be seen, they provide essential coordinating functions in the overall management of the Public Health Service, undertake projects of Service-wide significance, and in other ways aid the Surgeon General in his role as the chief administrator of the Service and as a Federal spokesman for health.

The Office of the Surgeon General numbers about 750 people. Its budget for actual operations is \$7.75 millions. The remainder -- about \$158 million -- goes for such purposes as buildings and facilities, and overseas activities, with a major amount going for comprehensive health planning. This program, enacted recently by the Congress with funds authorized at over \$123 million in grants to the States, represents a major shift in national health planning involving the States more fully in the process.

Two units of the Service, the National Center for Health Statistics and the National Library of Medicine, provide statistical and bibliographic services in the support of the missions of the Service and its Bureaus.

The National Center for Health Statistics was established in 1960 to collect and analyze health data, and is providing a growing body of information we have never had before -- on percent of hospital patients with insurance, days lost from work and school because of illness, and so forth.

The Center's examination survey is an American invention. Never before in any country has a standardized examination been given to representative samples of the population.

Through automatic data processing equipment health data on such matters as the Nation's deaths is analyzed for such variables as cause, age, geographic and seasonal distribution.

This data is widely used, not only in the Service, but by State and local governments, professional organizations, and others here and abroad.

The National Center for Health Statistics has a staff of over 300 and a budget of more than \$9 million.

The National Library of Medicine is the Nation's central resource of medical literature.

With over one million books, journals, theses, pamphlets and prints, it is the largest and finest collection of medical literature in the world.

The services of the National Library of Medicine extend largely through other libraries. Literally thousands of libraries receive millions of pages of material every year largely in the form of microfilm.

The National Library of Medicine's work is aided by MEDLARS, a computerized system which can conduct nearly a hundred searches of medical literature simultaneously, and answer specific requests on almost any medical subject. The National Library of Medicine has pioneered in the use of computers in the library, and has been hailed as one of the answers to the "information explosions."

The National Library of Medicine has a budget of \$20 million and a staff of over 300.

Now let us look for a few moments at some trends that affect our planning to meet the needs of the American people.

Our population is growing rapidly -- by 1975 we will have over 235 million people in the United States and more and more of them are concentrated in urban areas. Two-thirds of our population will live in urban areas by 1970, just a few short years away.

The greatest population increase is among those under 15 and over 65 -- two groups that make heavy demands on health services.

Income is rising -- in 1940 per capita income was at \$1259, while in 1965 it was \$2198, in terms of 1958 dollar values.

The educational level is rising. In 1940 about 21% of the population had completed high school and 4% had graduated from college -- by 1964 almost half had finished high school and 9% had college degrees.

Because of these factors -- urbanization, industrialization, affluence, and education -- and many others, people are demanding more health services. Today, on the average, a person sees his doctor five times a year compared to only 2 or 3 times thirty years ago --

and people are spending more on health -- about 6% of our Gross National Product is spent on health services.

These trends have great effect on the ability of the health partnership -- Federal, State, local and private practice -- to meet the needs of the people.

To quote from the historic health-planning legislation passed by the Congress last year, the Public Health Service is dedicated to "promoting and assuring the highest level of health attainable for every person, in an environment which contributes positively to healthful individual and family living." In this light, there is much more that we can do to help forge an effective partnership among all the sectors, private and public, in the health field.

The American people look to us for solutions to these problems....

and people all over the world may be affected by our response.



In conclusion, let me recapitulate briefly the major themes and indicate some of the challenges we see before us.

The United States is the wealthiest nation in the world, and in some ways it is the healthiest as well. But there is no question that we can do better.

Although our infant mortality rate reached its lowest level in history last year, there are still at least ten nations in the world in which each child who is born stands a better chance of surviving his first year of life.

Although we have made impressive progress in eliminating communicable diseases as major health threats and in prolonging the average lifespan of our people, at least one-third of our people suffer in some degree from chronic illness or impairment, and old age, for far too many, is a long twilight existence bereft of dignity or hope.

Although our great research institutions and medical centers are unsurpassed in the world, far too many of our people--including many living within a stone's throw of these citadels of excellence--are not receiving the benefits of the new knowledge generated by research or even the basic health services they need.

Thus there is room for pride but none for complacency. Much remains to be accomplished in connection with each of our primary missions. There is a great deal of unfinished business for each of our Bureaus related to these missions.

In health knowledge, the principal concern of the National Institutes of Health, there remain many uncrossed frontiers--in the cause and control of the great killer diseases like cancer and heart disease, and the great cripplers like arthritis; in fuller understanding of fundamental biology and human development; and in means of channeling research knowledge into practice.

In health manpower, we need not only to attack recognized shortages but also to ask "How can our existing manpower be used more effectively? How can their jobs be fitted together more efficiently? How should they be distributed? What new kinds of health workers do we need?" The Bureau of Health Manpower will be projecting answers against the constantly growing demand for health services.

In health protection, we need to find ways of assuring that no American suffers from a disease which need no longer occur. We need to control the pollution and other hazards generated by our urban, industrial society so that no one's health is in jeopardy.

The Bureau of Disease Prevention and Environmental Control will be striving to help create an environment that is not only safe but conducive to productive living.

In health care, we need to eliminate the economic, social and other barriers that still separate many people from the services they require. We need to experiment with better ways of organizing and delivering health services--in hospitals and other institutions, in people's homes, and in the community at large. The Bureau of Health Services will be seeking, demonstrating and applying these new patterns of care.

And in mental health, we need to continue our quest for knowledge about the workings of the human mind, and to apply this knowledge as it develops, in the home, community or institutional setting best suited to the need of the individual. The National Institute of Mental Health will provide leadership in this field of overwhelming human need.

Throughout my discussion, for purposes of clarity, I have talked of these missions as though they were separate and discrete. In reality, of course, they are inseparable. Knowledge and trained manpower are the great resources on which we draw, to care for and protect the health of the nation's people. We do these things, not alone but in concert with the many non-Federal components of the American health partnership. The ultimate goal of this total partnership effort is indivisible--the highest level of health for each man, woman and child.

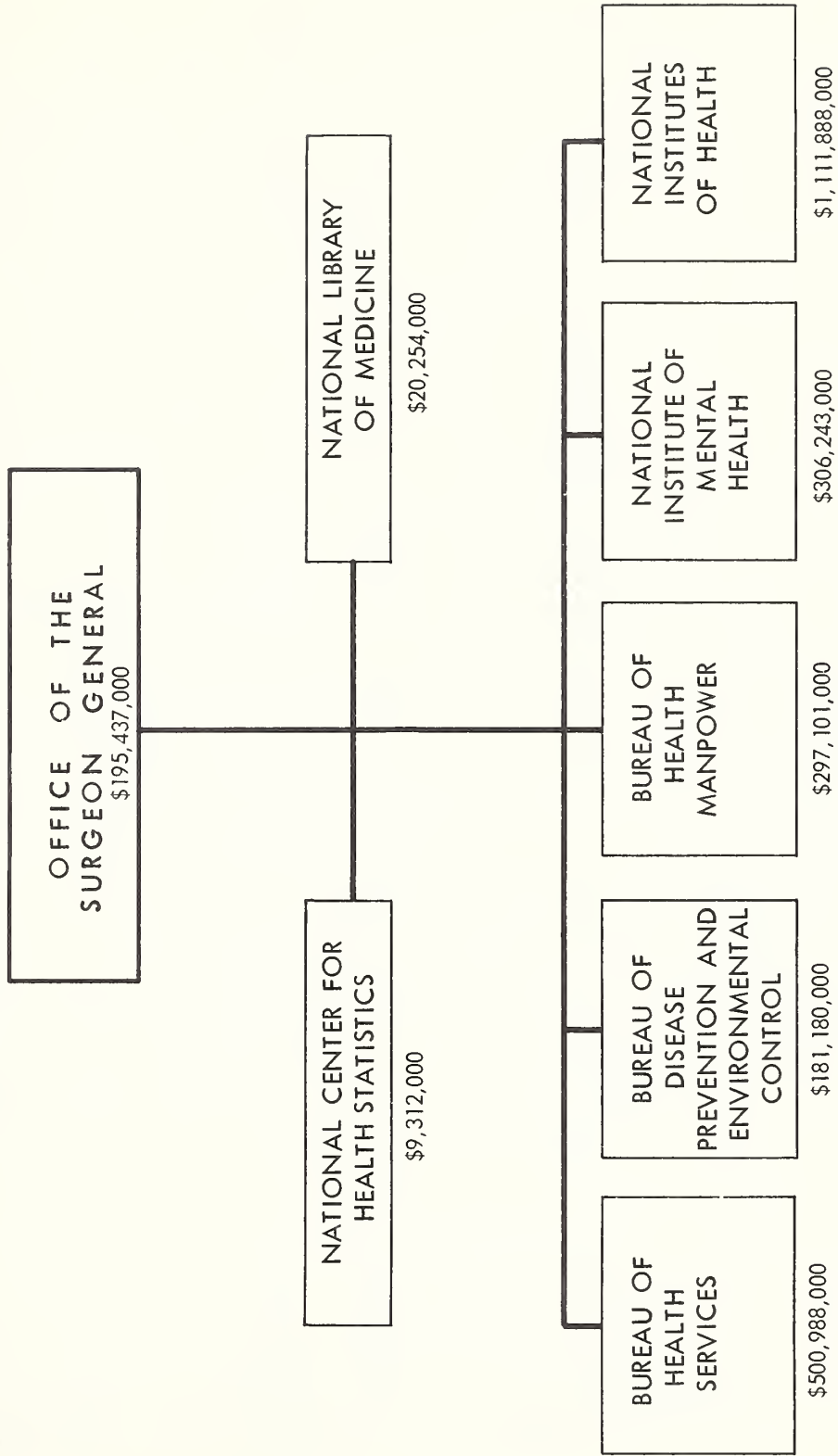




# PUBLIC HEALTH SERVICE \*

FY 67

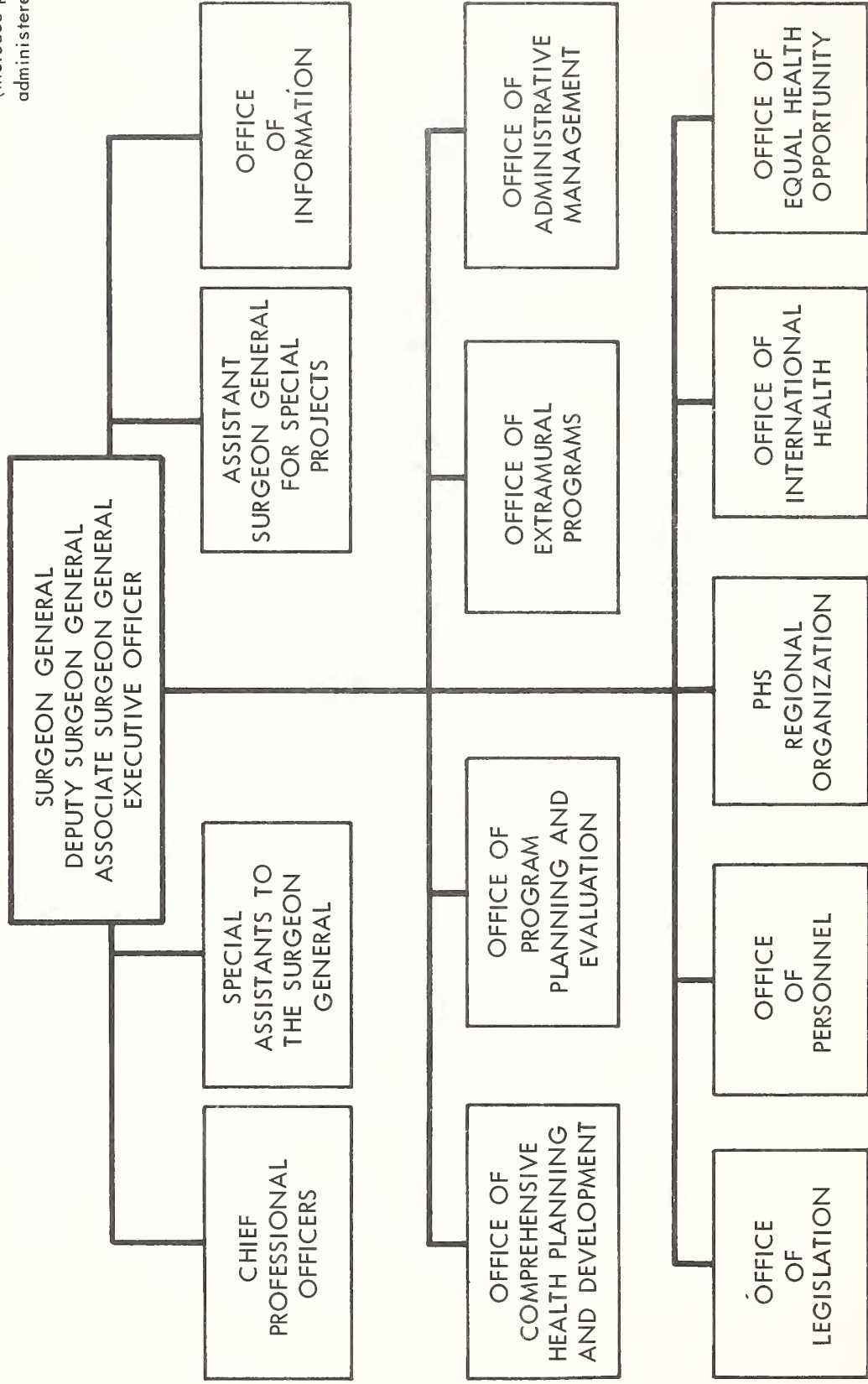
\$2,592,837,000



\* Represents Public Health Service appropriations for 1967. Excludes supplementals proposed for later submission.

# OFFICE OF THE SURGEON GENERAL

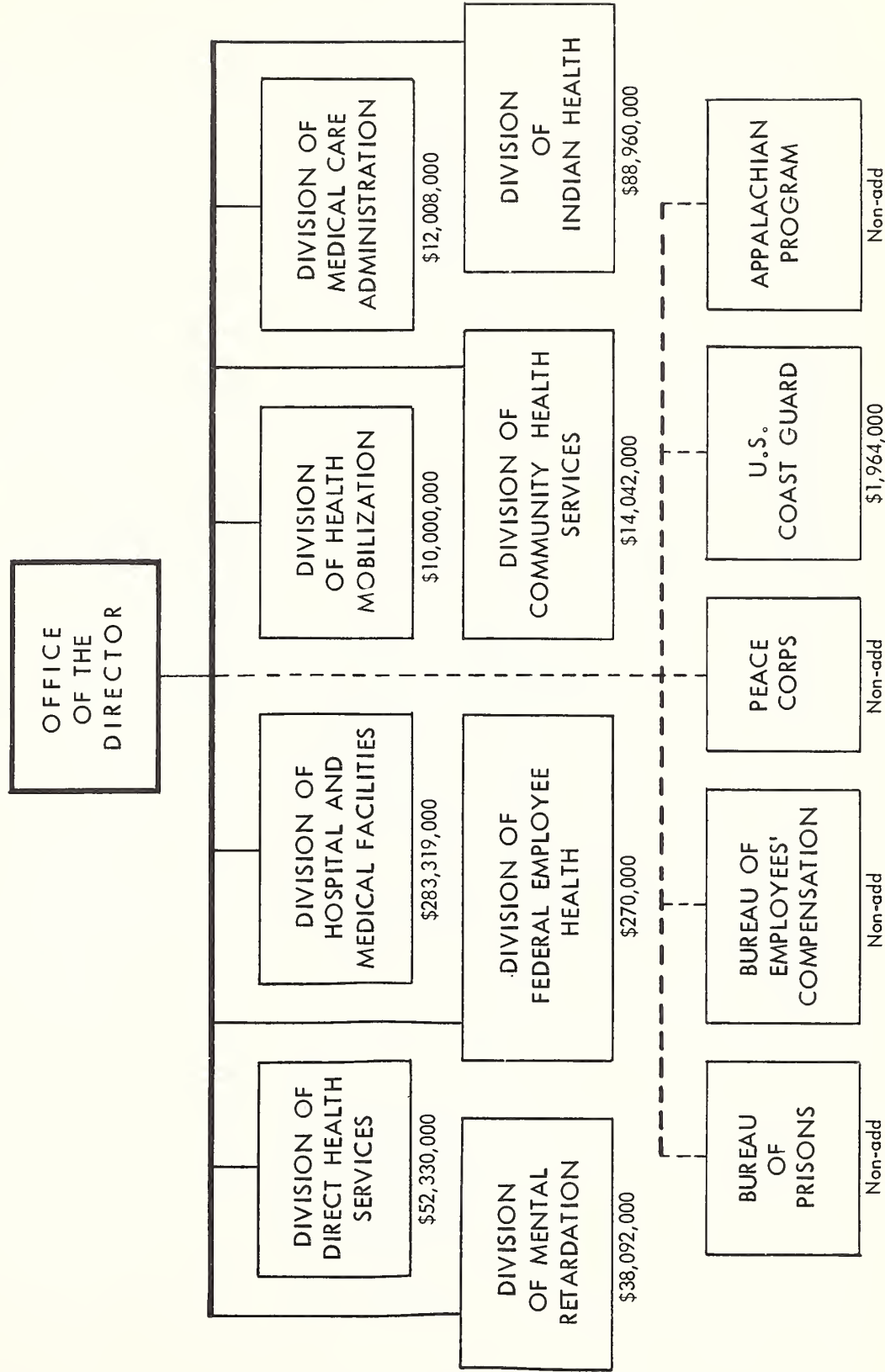
FY 67  
\$195,437,000  
(Includes programs  
administered by OSG)



U. S. Department of  
HEALTH, EDUCATION, AND WELFARE  
Public Health Service

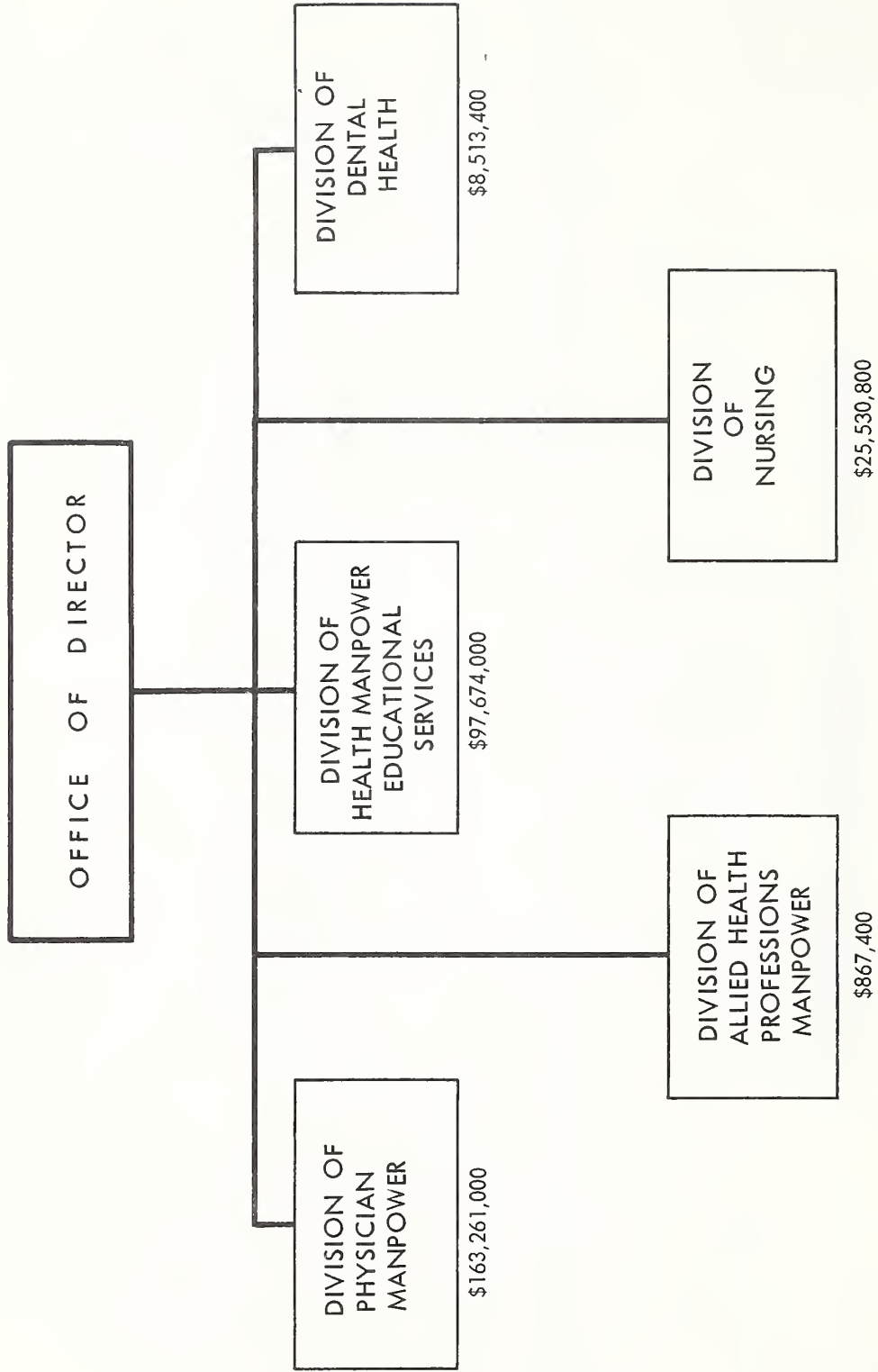
F Y 67  
\$500,988,000

# BUREAU OF HEALTH SERVICES



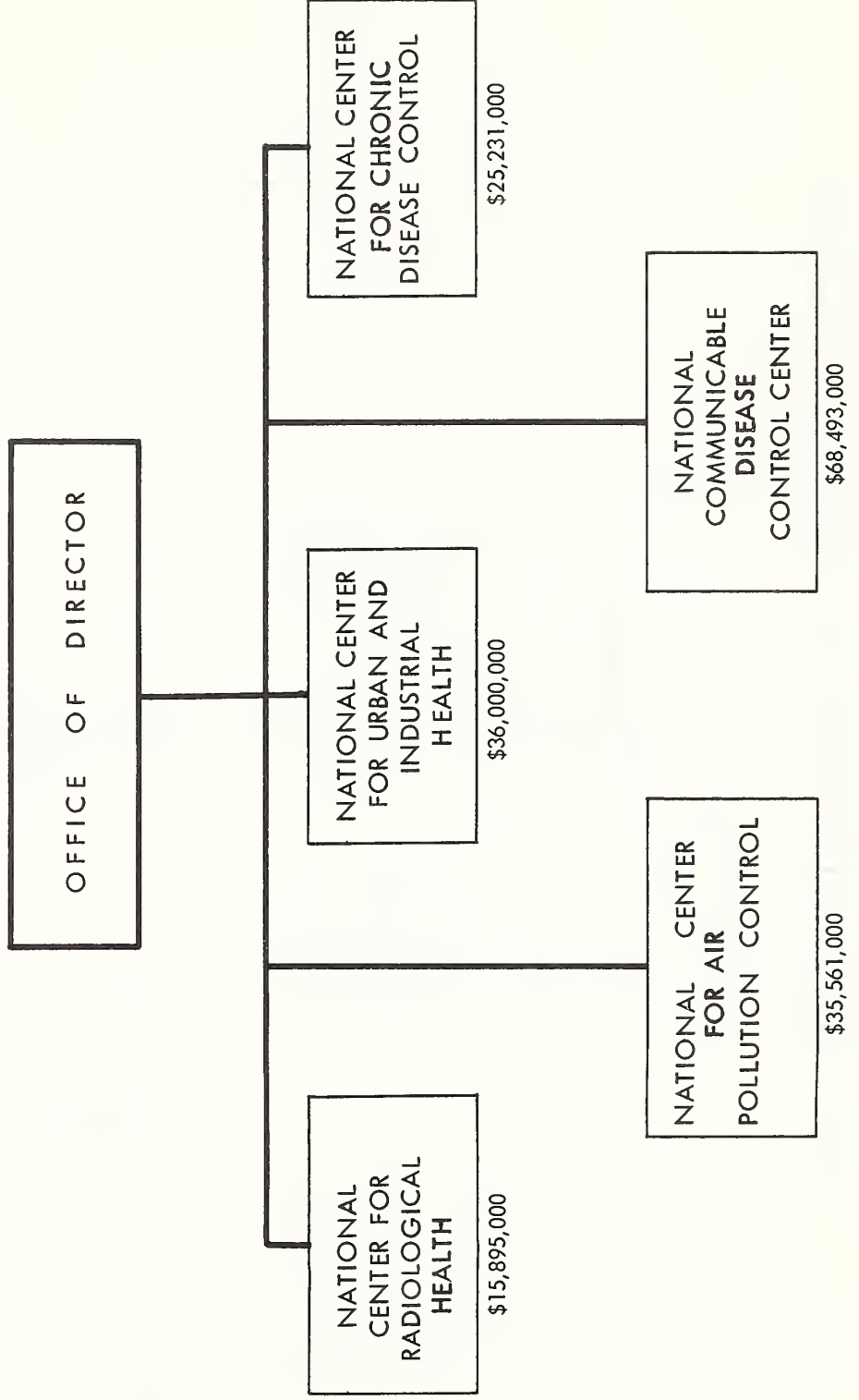
# BUREAU OF HEALTH MANPOWER

FY 67  
\$297,101,000



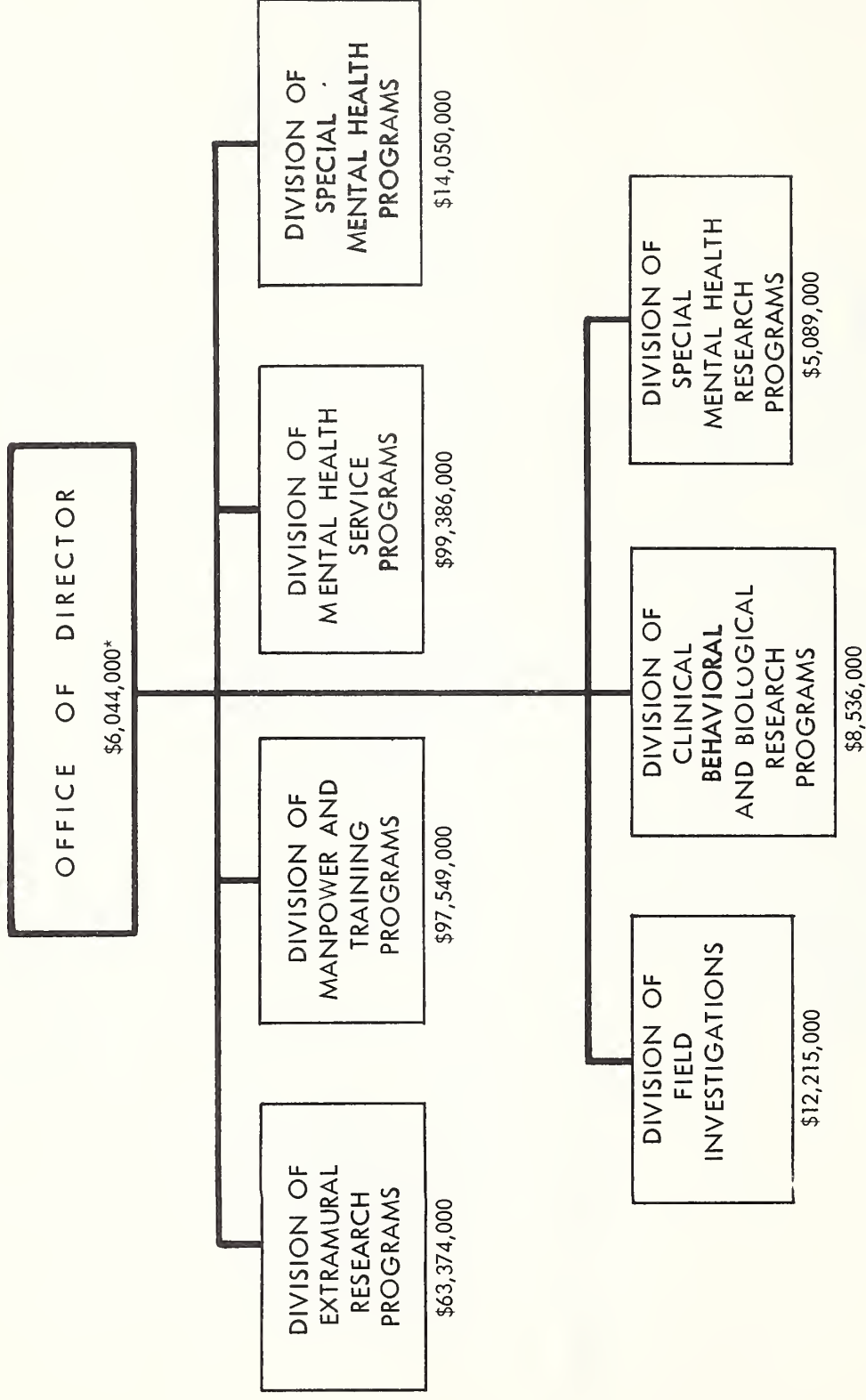
# BUREAU OF DISEASE PREVENTION AND ENVIRONMENTAL CONTROL

F Y 67  
\$181,180,000



# NATIONAL INSTITUTE OF MENTAL HEALTH

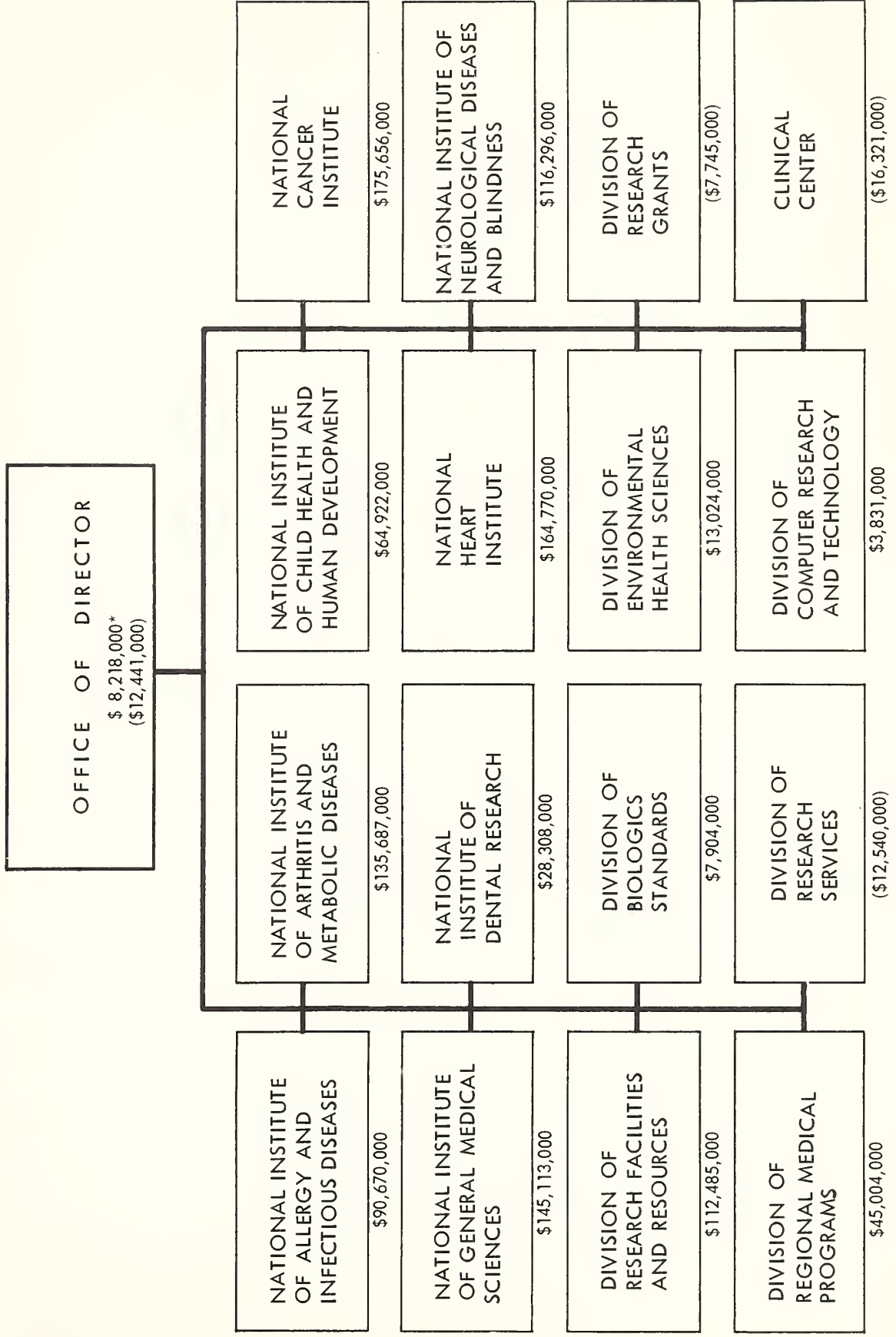
F Y 67  
\$306,243,000



\* Includes the five major offices of the Institute.

# NATIONAL INSTITUTES OF HEALTH

F Y 67  
\$1,111,888,000



\*Includes Office of International Research, Office of Medical Engineering Development, and Office of Administrative Management.





## Public Health Service

### Summary

	<u>Appropriations</u>
Estimate 1967.....	\$ 2,607,063,000
Estimate 1968.....	2,922,687,000
Increase over 1967.....	315,624,000

### Dollars in Thousands

	<u>1967</u>	<u>1968</u>	<u>Increase</u>
Health Manpower.....	\$ 309,746	\$ 373,413	\$ 63,667
Disease Prevention and Environmental Control.....	186,137	222,680	36,543
Health Services.....	491,979	541,000	49,021
National Institutes of Health.....	1,111,573	1,187,250	75,677
National Institute of Mental Health....	307,728	346,909	39,181
Other Health.....	199,900	226,435	26,535
Proposed legislation.....	---	25,000	25,000
Total, existing and new legislation.	2,607,063	2,922,687	315,624

The budget for 1968 represents funding proposals within the new organizational structure for the Public Health Service established by the Surgeon General at the direction of the Secretary of Health, Education and Welfare.

The reorganization of the Public Health Service, which became effective January 1, 1967, established five operating bureaus -- Health Manpower, Disease Prevention and Environmental Control, Health Services, National Institutes of Health, and the National Institute of Mental Health. The

National Library of Medicine and the National Center for Health Statistics will retain their former organizational position. Similarly, the Office of the Surgeon General is the directing, coordinating, and policy-making office of the Service.

Within the approximately 12 percent increase over current year funding, emphasis will be placed on the expansion of a number of high priority Public Health Service programs. A total of \$140 million--the maximum amount authorized under existing legislation--will be devoted to implementing the Comprehensive Health Planning and Public Health Services Amendments of 1966, the so-called "Partnership for health". Building on the groundwork to be laid by a proposed 1967 supplemental appropriation of \$4.5 million, these funds will be directed to the promotion of a close working relationship among Federal, State, local and voluntary health agencies to achieve comprehensive health planning and delivery of highest quality health services. Within this framework, the program will operate through a series of support mechanisms--formula grants to States for comprehensive State-wide health planning; project grants to local or regional units for health and facility planning on a metropolitan area or regional basis; project grants for training, studies and demonstrations to foster more adequate health planning; broad formula grant support to State health agencies for the maintenance of adequate public health services; and target-oriented project grants for improving the provision of health services in selected disease and problem areas.

In the 90th Congress, legislation will also be proposed to provide for expansion of the program of formula and project grants for health services development. The additional \$25 million to be requested for this purpose will be used by States and other public and non-profit agencies to mount programs in such areas as family planning, laboratory licensing, and the development of improved methods of delivering health services.

With the 1966 Amendments to the Clean Air Act as a take-off point, the attack on atmospheric pollution will be considerably expanded in fiscal 1968. Here again, the budget proposed funding the program at its maximum authorization--an increase of \$26 million over the previous year's funding level. Under the recently enacted Amendments, authority was provided to extend grant assistance for the maintenance as well as the establishment and improvement of State and local air pollution control programs. A supplemental appropriation request of \$4.9 million will begin this new phase of the grant program in 1967 and accelerate research efforts directed especially to the control of pollution from oxides of sulphur. These activities in addition to other research projects and an expanded pollution abatement effort will continue to be stressed in 1968. Funds are also included in the 1968 budget for the planning of a central air pollution research facility to bring together the major components of the new National Center for Air Pollution Control.

The training of additional health manpower is another area of emphasis in the 1968 budget. Grant support for the construction of teaching facilities for doctors, dentists and related professional personnel will increase by \$40 million over the 1967 funding level. This action will provide some

538 additional places for first year students in the health professions. A similar construction grant program aimed at the creation of training centers for medical technologists and other categories of allied health personnel will also be initiated. These increases in construction support will be accompanied by a major effort to improve the quality of education in new and existing facilities. Curriculum improvement grants to be used for such purposes as recruitment of additional faculty and a broader range of course offerings will more than double from \$32.8 million in 1967 to \$67.3 million in 1968. Significant expansions will also occur in the student assistance programs, particularly for needy students. Health professions scholarships and nursing opportunity grants will aid approximately 12,000 students in 1968--almost a four-fold increase over the previous year. At the same time, operation of the recently authorized student loan revolving funds will permit a larger number of loans to be made to health professional and nursing students despite a reduction in the level of new obligational authority for this program.

In the field of health services, expanded efforts will be aimed at providing improved health services to people in rural areas, domestic migratory workers and their families, and Indians, Alaska Natives, and other direct beneficiaries of the Public Health Service. Research and development programs to improve the organization, delivery and financing of comprehensive health services will be increased. Construction and modernization of hospitals, long-term care facilities, public health centers and similar projects under the Hill-Burton program will again be supported at the full legislative authorization. Legislation will also

be sought to extend the Appalachian Regional Development Act, including its provision for the construction and operation of multicounty demonstration health facilities. \$15 million is included for this purpose in the 1968 budget request.

Building on past progress, support for biomedical research will continue to grow in 1968. Excluding construction grant programs, an increase of \$96.7 million will be requested for activities of the National Institutes of Health. Research grant programs will receive the largest segment of this increase--about \$53.3 million. These funds will be used to continue previously awarded projects, provide for the support of new research projects in high priority areas, and expand institutional and resource support programs. Although only \$16.7 million in new grant funds will be requested in 1968 for the planning and operation of regional medical programs, this amount will be combined with a carryover of \$21 million in 1967 funds. Together, these resources will be largely used to finance the operational aspects of regional programs to combat heart disease, cancer, stroke and related diseases. NIH's targeted research and development projects will also receive considerable emphasis in 1968. Work on the development of a simpler, more efficient and more economical artificial kidney; vaccines to combat major respiratory diseases caused by viruses; mechanical circulatory assist devices to help people suffering from failing hearts; and studies in virus leukemia are some of the research programs to be pursued. In the construction area, the program level of funds available for health research facilities construction will increase by \$9 million over 1967 due to a combination of new funds to be requested in 1968 and money brought forward from the current fiscal year.

In the mental health area, \$346.9 million will be requested for programs of the National Institute of Mental Health--an increase of \$39.2 million over 1967. In addition to strengthened research programs--both extramural and intramural--emphasis will be placed on continued implementation of the community mental health concept. Legislation will be sought to extend the grant program for construction of community mental health centers, and \$50 million will be requested to fund this program in 1968. As more and more centers become operative and existing centers provide additional mental health services, more than \$46 million will be requested in 1968 to finance 121 mental health staffing grants. To provide the personnel for these and future community facilities, \$88.6 million will be requested for mental health service training programs. Beginning in fiscal 1967, support will also be proposed for implementation of the Narcotic Addicts Rehabilitation Act of 1966. Initially these funds will support "tooling-up" activities. In 1968, however, \$4 million will be requested to assist States, local governments, and public and private organizations to increase their efforts to deal with the problem of narcotic addiction.

Other Public Health Service programs such as the National Library of Medicine will also continue to expand in 1968. In particular, additional resources will be requested to assist the Surgeon General in implementing the large number of new health programs enacted by the Congress in recent years.



